



Provider Enrollment Portal Quick Guide: Backdating a New Enrollment Application

Effective December 5, 2018, providers of any enrollment or provider type are able to request an enrollment effective date prior to the approval date up to 365 days prior to the current date. **This change applies only to providers starting a new enrollment application and providers resuming an application that is still in process.** For providers who are already enrolled and approved, a [Backdate Enrollment Form](#) must be completed and mailed to DXC.

1. Login to the Provider Enrollment Portal

2. Click the [Request Information Panel](#)

For new enrollment applications, the “Requesting Enrollment Effective Date” field is defaulted to the current date. Providers may enter a backdate up to 365 days prior to the current date in the “Requesting Enrollment Effective Date” field.

For providers resuming an enrollment application that is still in process, the “Requesting Enrollment Effective Date” field will be populated with the date entered when the application was last saved. That date must be within 365 days prior to the current date.

Providers should complete the remainder of their enrollment application. If the enrollment and backdate request are approved, the provider will receive a Welcome Letter which will contain the provider’s backdated contract effective date.

Refer to the example on page 2.

Need More Help?

Please visit the [Provider Revalidation & Enrollment web page](#) to find more resources on enrollment.

Provider Enrollment: Request Information ?	
<p>Welcome</p> <p>Request Information</p> <p>Change of Ownership</p> <p>Specialties</p> <p>Addresses</p> <p>Provider Identification</p> <p>Network Participation</p> <p>Languages</p> <p>EFT Enrollment</p> <p>Other Information</p> <p>Addendums</p> <p>Disclosures</p> <p>Attachments and Fees</p> <p>Agreement</p> <p>Summary</p>	<p>You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to the next page. All mandatory data is required to "Finish Later".</p> <p>The contact person listed on this page may be contacted to answer any questions regarding the information provided in this enrollment application.</p> <p><i>* Indicates a required field.</i></p> <hr/> <p style="background-color: #0070C0; color: white; padding: 2px;">Initial Enrollment Information</p> <p style="text-align: right;">*Enrollment Type <input type="text" value="v"/></p> <p style="text-align: right;">*Provider Type <input type="text" value=""/></p> <div style="border: 2px solid orange; padding: 2px; display: inline-block;"> <p style="text-align: right;">*Requesting Enrollment Effective Date <input style="width: 100px;" type="text" value="06/21/2018"/> <input type="button" value=""/></p> </div> <hr/> <p style="background-color: #0070C0; color: white; padding: 2px;">Provider Information</p> <p>The provider identification numbers listed below are additional identifiers for the enrolling providers. Not all fields are required.</p> <p>*NPI <input type="text"/> *NPI Zip + 4 <input type="text"/> *Taxonomy <input type="text"/></p> <hr/> <p>*Tax ID Number <input type="text"/> *Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN</p> <p>Effective Date <input type="text" value=""/> <input type="button" value=""/></p> <hr/> <p>*Do you have a current CO Medicaid ID? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Were you previously enrolled as a provider? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <hr/> <p style="background-color: #0070C0; color: white; padding: 2px;">Contact Information</p> <p style="text-align: right;">*Last Name <input type="text"/></p> <p style="text-align: right;">*First Name <input type="text"/></p> <p style="text-align: right;">Suffix <input type="text"/></p> <p style="text-align: right;">*Phone <input type="text"/> Ext <input type="text"/></p> <p style="text-align: right;">Fax Number <input type="text"/></p> <p style="text-align: right;">*Contact Email <input type="text"/></p> <p style="text-align: right;">*Confirm Email <input type="text"/></p> <p style="text-align: right;">*Email For Provider Publications <input type="text"/></p> <p style="text-align: right;">*Confirm Email <input type="text"/></p> <p style="text-align: right;">Preferred Method of Communication <input style="width: 100px;" type="text" value="Email"/> <input type="button" value="v"/></p> <hr/> <p style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/> </p>